



**KYCC, Inc. and LTSC CDC
APPLICATION FOR HOUSING**



PROPERTY: MENLO FAMILY APARTMENTS

INSTRUCTIONS FOR HEAD OF HOUSEHOLD

1. Please print neatly and in ink. Do not leave any section blank. If the requested information does not apply, write "none" or "N/A". **Bring** the completed application to **3727 West 6th Street, Los Angeles, CA 90020 from July 9 to July 13, 2012 from 12:00PM to 6:30PM**. No appointments are necessary to drop off applications. Applications received between July 9 and July 13, 2012 will be processed in order of random lottery. The lottery will be held on Wednesday, July 18 at 10:00AM at 3727 West 6th Street, Los Angeles, CA 90020. Applications received after July 13 will be placed on a waiting list in the order that they are received.
2. The Head of Household and **every** other adult household member (18 years of age or older) must sign the last page of this application.
3. Application must include copies of state-issued identification and social security card for all adult members and copies of birth certificates and social security cards for all minors.
4. All information on this application must be true, complete and accurate. Incomplete applications will not be accepted. **Applications deemed to contain incomplete, misleading or false information will be disapproved.**
5. If your application is disapproved, you will receive a written notice stating the reason(s) for disapproval. You will have a right to appeal the disapproval.
6. Submission of this application **does not guarantee** that you or any member of your household will be approved for tenancy.
7. Only one application per household will be accepted. If more than one application for a household is submitted, all applications for that household will be deemed ineligible.

GENERAL APPLICANT INFORMATION

Address of the apartment you are applying for 1230 Menlo Avenue, Los Angeles, CA

HH Mbr #	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	F/T Student (Yes or No)	Social Security or Alien Registration #
1			HEAD			
2						
3						
4						
5						
6						

Home Phone: _____ Head's Work Phone: _____ Cell Phone: _____

Email Address: _____ Current Address: _____

Referring Agent Name & Company (if applicable): _____ Phone: _____

Email Address: _____ Mailing Address: _____

Driver's License or ID #: _____ State: _____

How many people will live in the apartment? Adults (18 years or older) _____ Children (under 18 years) _____

Have you ever applied for LTSC CDC housing in the past? No () Yes () If yes, approximate date: _____

Do you require special accommodations? No () Yes () If yes, explain: _____

Languages spoken: _____

RENTAL HISTORY

List all residences for the last five years for each adult household member. Begin with the current address. If you need additional space, attach another piece of paper.

Have you ever been evicted or had an unlawful detainer filed against you? NO () YES ()

If yes, explain: _____

Current Address: _____
Street City State Zip

How long at this address: _____ Since what Month & Year: _____

How many bedrooms? _____ Rent you pay: _____

Manager/Landlord: Name: _____ Phone: _____

Mailing Address: _____

Why do you want to move? _____

Next Previous Address: _____
Street City State Zip

How long at this address: _____ Since what Month & Year: _____

How many bedrooms? _____ Rent you pay: _____

Manager/Landlord: Name: _____ Phone: _____

Mailing Address: _____

Reason for moving? _____

Next Previous Address: _____
Street City State Zip

How long at this address: _____ Since what Month & Year: _____

How many bedrooms? _____ Rent you pay: _____

Manager/Landlord: Name: _____ Phone: _____

Mailing Address: _____

Reason for moving? _____

Next Previous Address: _____
Street City State Zip

How long at this address: _____ Since what Month & Year: _____

How many bedrooms? _____ Rent you pay: _____

Manager/Landlord: Name: _____ Phone: _____

Mailing Address: _____

Reason for moving? _____

INCOME & ASSET INFORMATION

Estimated combined (entire household) gross (before taxes) **monthly** income: \$ _____

EMPLOYMENT: Complete this section with income information **for each household member over 18 years of age**. Monthly gross income includes overtime pay, commissions, tips, bonuses and other compensation. All information given below will be verified. For additional space, attach another piece of paper. **Incomplete or false information will cause your application to be denied.**

Household Member #1: First and Last Name: _____

Employer: _____ Phone #: _____

Employer Address: _____
Street City State Zip

Length of Employment: _____ Position: _____ Monthly Gross Income: _____

Household Member #2: First and Last Name: _____

Employer: _____ Phone #: _____

Employer Address: _____
Street City State Zip

Length of Employment: _____ Position: _____ Monthly Gross Income: _____

Household Member #3: First and Last Name: _____

Employer: _____ Phone #: _____

Employer Address: _____
Street City State Zip

Length of Employment: _____ Position: _____ Monthly Gross Income: _____

Household Member #4: First and Last Name: _____

Employer: _____ Phone #: _____

Employer Address: _____
Street City State Zip

Length of Employment: _____ Position: _____ Monthly Gross Income: _____

Income Information (For additional space, add another piece of paper.)

Yes	No	Income Related Questions	Monthly Gross Income
		I/we receive cash contributions of gifts, including rent or utility payments, on an ongoing basis from persons not living with me.	\$ _____
		I/we receive unemployment benefits.	\$ _____
		I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income.	\$ _____
		I/we receive periodic Social Security payments (e.g. SSA, SSDI).	\$ _____
		The household receives <u>unearned</u> income from family members age 17 or under (e.g. Social Security, Trust Fund disbursements, etc.)	\$ _____
		I/we receive Supplemental Security Income (SSI)	\$ _____
		I/we receive disability or death benefits other than Social Security. Type: _____	\$ _____

Yes	No	Income Related Questions	Monthly Gross Income
		I/we receive Public Assistance Income (e.g. TANF, AFDC, General Relief) Type: _____	\$ _____
		I/we am/are entitled to receive child support payments.	\$ _____
		I/we am/are currently receiving child support payments If yes, from how many persons do you receive support? _____	\$ _____
		I/we am/are currently making efforts to collect child support owed to me. If yes, list efforts to collect child support. _____ _____	\$ _____
		I/we receive alimony/spousal support payments. If yes, describe: _____	\$ _____
		I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If yes, list sources. 1. _____ 2. _____	\$ _____
		I/we receive income from real or personal property. Describe: _____	\$ _____
		Student financial aid (public or private, not including student loans)	\$ _____

Asset Information (For additional space, add another piece of paper.)

Yes	No	Asset Related Questions (Include Assets held by children under age 18)	Interest Rate	Cash Value
		I/we have a checking account(s) If yes, list bank(s) 1) _____ 2) _____	_____ %	\$ _____
		I/we have a savings account(s) If yes, list bank(s) 1) _____ 2) _____	_____ %	\$ _____
		I/we have a revocable trust(s) If yes, list bank(s) 1) _____ 2) _____	_____ %	\$ _____
		I/we own real estate. If yes, provide description: _____	_____ %	\$ _____
		I/we own stocks, bonds, or Treasury Bills If yes, list sources/bank names 1) _____ 2) _____	_____ %	\$ _____

Yes	No	Asset Related Questions (Include Assets held by children under age 18)	Interest Rate	Cash Value
		I/we have Certificates of Deposits (CD) or Money Market account(s). If yes, list sources/bank names 1) _____ 2) _____ 3) _____	_____ %	\$ _____
		I/we have whole life insurance policy(ies) If yes, how many policies _____	_____ %	\$ _____
		I/we have cash on hand	_____ %	\$ _____
		I/we have an IRA/Lump Sum Pension/Keogh Account/401(k)/403(b)/or equivalent If yes, list financial institution for each account 1) _____ 2) _____ 3) _____	_____ %	\$ _____
		I/we have disposal assets (i.e. gave away money, assets) for less than the fair market value in the past 2 years. If yes, list items and dates of disposed. 1) _____ 2) _____ 3) _____	_____ %	\$ _____
		I/we have income from assets or sources other than those listed above. If yes, list type of income below: 1) _____ 2) _____ 3) _____	_____ %	\$ _____

Do you have any outstanding balances on credit cards? No () Yes ()

If yes, give amount of total outstanding debt: _____

Have you ever filed for bankruptcy? No () Yes () If yes, give date of filing: _____

Student Status

Yes	No	Student Status Related Questions
		Does the household consist of persons who are ALL full-time students? (Examples include: elementary, middle, high school students; college/university or trade school students, etc.)
		During the next 12 months, does your household anticipate becoming a household where ALL members are full-time students?

Yes	No	Student Status Related Questions
		If you answered yes to either of the previous two questions, are you: <ul style="list-style-type: none"> • Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)
		<ul style="list-style-type: none"> • Enrolled in a job training program receiving assistance through the Job Training Participate Act (JTPA) or other similar program
		<ul style="list-style-type: none"> • Married and filing a joint tax return
		<ul style="list-style-type: none"> • Single parent with a dependent child(ren) and neither you nor your child(ren) are dependent of another individual.

Personal References: Please provide the names and phone numbers for two personal references:

Name	Phone Number	Relationship

Has any member of the household been convicted of a crime? Yes () No ()

If yes, please explain: _____

How did you hear about our apartments? _____

* * * * *

Additional information you would like to provide: _____

* * * * *

CERTIFICATION STATEMENT AND AUTHORIZATION FOR RELEASE OF INFORMATION BY ALL ADULT HOUSEHOLD MEMBERS 18 YEARS AND OLDER

For myself/ourselves, the undersigned, and for the minor children in our care, I/We certify the following:

I/We have read and understand the Instructions for Head of Household in the Application for Housing. All information we have given in this application is true, complete and accurate.

I/We understand that if the information provided on this application is deemed incomplete, LTSC CDC may not accept it.

I/We CERTIFY that the information provided on this application is true and accurate to the best of my/our knowledge. I/we further understand that providing false or incomplete representations on this application constitutes an act of fraud. False, misleading or incomplete information will result in the denial of this application for housing.

I/We authorize, direct and give consent to LTSC CDC to make any and all inquiries to verify the information in this application. We understand that pursuant to this Statement and Authorization, LTSC CDC may request information which includes, but is not limited to, my sources of personal and business income and Social Security numbers. Further, I/we understand that such information regarding other household members included on this application may be requested. I/we understand that this Statement and Authorization cannot be used to obtain information not relevant to this application.

I/We authorize, direct and consent to the release of any information known by any federal, state or local agency, organization, business, or individual to LTSC CDC which is necessary to complete and verify this application for occupancy. I/we understand that information obtained pursuant to this authorization may be used by LTSC CDC in administering and enforcing its rules and policies.

The sources that may be asked to release information may include but are not limited to our present employers, present and former landlords, sources of credit information which produce “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S. Code/1681a(d), state and federal offices which administer programs such as welfare, unemployment, Social Security, and assistance to veterans, schools, and personal references.

I/We agree that a photocopy of this authorization may be used for the purposes stated herein. The original of this Statement and Authorization will be included in my file at LTSC CDC and will have full effect for a year and one month from the date below. I/We understand I/we have the right to review our file and correct any information which we can show as incorrect.

I/We agree to notify LTSC CDC in writing regarding any changes in our current household information which would make incorrect any of the information given in this application including, but not limited to our address, telephone numbers, income sources and amounts, and household composition.

Name and Signatures of ALL Adult Household Members 18 years or Older:

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date